

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA; et seq.  
Plaintiff (Petitioner)

CASE and/or DOCKET No.: 16-05810

Sheriff's Sale Date: \_\_\_\_\_

V.

LONNIE N. CLOVER; et al.  
Defendant (Respondent)

AFFIDAVIT OF SERVICE

TYPE OF PROCESS: SUMMONS AND COMPLAINT

I, Eric Afflerbach, certify that I am eighteen years of age or older and that I am not a party to the action nor an employee nor relative of a party, and that I served LONNIE N. CLOVER the above process on the 2 day of February, 2017, at 11:14 o'clock, A.M., at 973 NORTH 7TH STREET, APT. 411 PHILADELPHIA, PA 19123, County of Philadelphia, Commonwealth of Pennsylvania:

Manner of Service: \*

☒ By posting a copy of the original process on the most public part of the property pursuant to an order of court

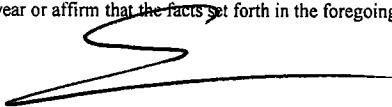
Service was attempted on the following dates/times:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Commonwealth/State of Pa )  
County of Berks ) SS:  
 )

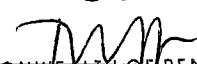
Before me, the undersigned notary public, this day, personally, appeared Eric Afflerbach to me known, who being duly sworn according to law, deposes the following:

I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service are true and correct.

  
(Signature of Affiant)

Subscribed and sworn to before me  
this 3 day of Feb, 20 17.

File Number: USA-158215  
Case ID #: 4804102

  
COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Teresa Minzola, Notary Public  
Washington Township, Berks County  
My Commission Expires December 05, 2017  
Notary Public

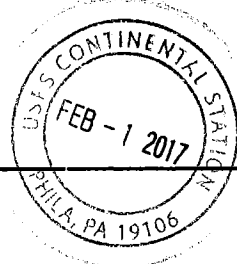
USPS Manifest Mailing System

Page 1

*PCO / Brittania*

<b>Mailer's Name &amp; Address</b> KML Law Group 701 Market Street Suite 5000 Philadelphia, PA 19106	<b>Permit Number</b> 123	<b>MAC Ver. Number</b> ConnectShip Prologistics 6.5
	<b>Sequence Number</b> 5775-1	<b>Class of Mail</b> Mixed

Article #/ Piece ID	Addressee Name Delivery Address	ES Type	Postage	ES Fee	Insurance Amount	Due/ Sender	Total Charge
9171999991703800729804	CLOVER, LONNIE N.		0.925				5.78
9171999991703800729804	1804 W. Juniata St	ERR		1.40			
	1F	C		3.45			
	Philadelphia, PA 19140						
9171999991703802271806	CLOVER, LONNIE N.		0.925				5.78
9171999991703802271806	973 North 7th Street, Apt. 411	ERR		1.40			
	Philadelphia, PA 19123	C		3.45			
<hr/>							
Page Totals	2		1.85	9.70			11.55
Cumulative Totals	2		1.85	9.70			11.55



USPS CERTIFICATION

Total Number Of Pieces Received \_\_\_\_\_

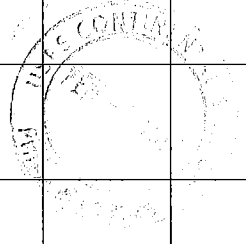
Signature of Receiving Employee \_\_\_\_\_ Round Stamp \_\_\_\_\_

PS Form 3877 (Facsimile)

Extra Service Codes:  
 C Certified  
 ERR Return Receipt

Name and Address of Sender <b>KML LAW GROUP, P.C. SUITE 5000 701 MARKET STREET PHILADELPHIA, PA 19106-1532</b>		Check type of mail or service: <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Recorded Delivery (International) <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation		Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt		Actual Value if Registered		Insured Value		Due Sender if COD		DC Fee		SC Fee		SH Fee		RD Fee		RR Fee							
Article Number		Addressee (Name, Street, City, State, & ZIP Code)		Postage		Handling Charge		Fee		Postmark and Date of Receipt		Actual Value if Registered		Insured Value		Due Sender if COD		DC Fee		SC Fee		SH Fee		RD Fee		RR Fee	
1.																											
2.																											
3.			<b>TO LONNIE CLOVER CLOVER, LONNIE N. 973 North 7th Street, Apt. 411 Philadelphia, PA 19123</b>																								
4.																											
5.																											
6.			<b>TO LONNIE CLOVER CLOVER, LONNIE N. 1804 W. Juniata St Philadelphia, PA 19140-2931</b>																								
7.																											
8.																											
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of receiving employee)																							

U.S. POSTAGE  
ZIP 19106 \$ 002.70<sup>0</sup>  
02 1W  
0001391829 FEB 01 2017



See Privacy Act Statement on Reverse

Complete by Typewriter, Ink, or Ball Point Pen

PS Form 3877, February 2002 (Page 1 of 2)

USA-158215 Philadelphia County Sale Date:

LONNIE N. CLOVER

NO - Book to Brittn: Augustin